Revision: HCFA-PM-91-4

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Supplement 1 to ATTACHMENT 4.19-B

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

- 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in items 182 of this attachment (see 3. above).

rn no. <u>98-016</u>	vo. <u>98-016</u>			17799	Effective Date	alilaa
Supersedes	Approval	Date	9/1		Effective Date	01117.
TN No. 94-008						• ,

Supplement 1 to ATTACHMENT 4.19-B Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT California State/Territory: METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Part A SP Deductibles SP Coinsurance QMBs: Part B SP Deductibles SP Coinsurance Part A SP Deductibles SP Coinsurance Other Medicaid Part B SP Deductibles SP Coinsurance Recipients Part A SP Deductibles SP Coinsurance Dual Eligible Part B SP Deductibles SP Coinsurance (QMB Plus)

TN No. <u>98-016</u> Approval Date 6/7/ Effective Date _ Supersedes

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Supplement 1 to ATTACHMENT 4.19-B

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

California State/Territory:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

- Payments for nursing facilities services are made up to the full amount of the Medicare 1. rates, and are to be considered as designated "MR."
- For Medicare Part B psychiatric services payments are limited to the State Plan rates 2. considering the full difference, if any, between the actual Medicare payments and the Medicare allowable and are not limited to the Medicare "cost sharing amounts", and are to be considered as designated "SP."

TN No. 98-016Supersedes

TN No. <u>94-008</u>